



TRANSMITTAL FORM


(to be used for all correspondence after initial filing)
Total Number of Pages in this Submission 8

#2 S, HOOVER 05 00 10/11/00
Application Number: 09/585,217
Filing Date: 06-01-00
First Named Inventor: Vlachos, et al.
Group Art Unit:
Examiner:
Attorney Docket No.: 0100.0000350

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/Declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition
<input type="checkbox"/> To Convert a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Letter to Draftsperson
<input type="checkbox"/> Formal Drawings (after initial filing)
<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Request for Corrected Assignment
<input type="checkbox"/> Additional Enclosure(s) (please identify below): |
|---|---|---|

Remarks:

Firm Name	Markison & Reckamp, P.C. 115 Wild Basin Road, Suite 107 Austin, Texas 78746	
Signature of Applicant, Attorney, or Agent	 6-15-00	
Name and Registration No.:	Paul M. Anderson, Reg. No. 39,896	Date: 06-15-2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on 06-15-2000.

Terri Alloway
Typed or Printed Name


Signature

FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 856.00

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	50-0441
Deposit Account Name	ATI Technologies, Inc.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Charge the Issue Fee Set in 37 CFR 1.18 at the mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690 201 345		Utility filing fee	690.00
106 310 206 155		Design filing fee	
107 480 207 240		Plant filing fee	
108 760 208 380		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$) 690.00

2. CLAIMS

Claims	Extra	Fee from below	Fee Paid
Total 27	(-20 =) 7	18.00	126.00
Indep. 3	(-3 =) 0		.00
Multiple Dep.			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18 203 9		Claims in excess of 20	
102 78 202 39		Independent claims in excess of 3	
104 260 204 130		Multiple dependent claim	
109 78 209 39		Reissue independent claims over original patent	
110 18 210 9		Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 126.00

Complete if Known

Application Number	
Filing Date	06-01-2000
First Named Inventor	Vlachos, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	0100.0000350

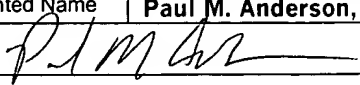
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 380 216 190		Extension for reply within second month	
117 870 217 435		Extension for reply within third month	
118 1,360 218 680		Extension for reply within fourth month	
128 1,850 228 925		Extension for reply within fifth month	
119 300 219 150		Notice of Appeal	
120 300 220 150		Filing a brief in support of an appeal	
121 260 221 130		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,210 241 605		Petition to revive - unintentional	
142 1,210 242 605		Utility issue fee (or reissue)	
143 430 243 215		Design issue fee	
144 580 244 290		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Petitions related to provisional applications	
126 240 126 240		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	40.00
146 760 246 380		Filing a submission after final rejection (37 CFR 1.129(a))	
149 760 249 380		For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY MARKISON & RECKAMP, P.C.		Complete (if applicable)	
Typed or Printed Name		Paul M. Anderson, Reg. No. 39,896	
Signature		Date	6-1-00
Deposit Account User ID			